

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@idhw.state.id.us

## **CORRECTED COPY**

February 14, 2008

Winnie Welker, Administrator Parkwood Meadows Assisted Living Community 1885 Parkwood Street Idaho Falls, ID 83401

License #: RC-564

Dear Ms. Welker:

On January 10, 2008, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level:

• Non-core issues, which are described on the Statement of Deficiencies, and for which you have submitted a Plan of Correction.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Health Facility Surveyor

Facility Fire Safety & Construction Program

TB/li

c:

Mark Grimes, Supervisor, Facility Fire Safety and Construction Program

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January 15, 2008

Winnie Welker, Administrator Parkwood Meadows Assisted Living Community 1885 Parkwood Street Idaho Falls, ID 83401

Dear Ms. Welker:

On January 10, 2008, a Fire Life Safety Survey was conducted at Parkwood Meadows Assisted Living Community. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 10, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES

Supervisor

Facility Fire Safety & Construction Program

MG/li

Enclosure

FILECOPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13R564

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01 - ENTIRE BUILDING

B. WING \_\_\_\_\_\_\_

01/10/2008

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PARKWOOD MEADOWS ASSISTED LIVING CC

1885 PARKWOOD ST IDAHO FALLS, ID 83401

		ALLS, ID 83401			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	Initial Comments		R 000		
	The facility was found to be in substantic compliance with the fire and life safety requirements of the Rules for Residential Assisted Living Facilities in Idaho. No condeficiencies were cited during the stand fire/life safety survey conducted on January 2008.	al or ore ard			
	The surveyor conducting the survey was	s:			
	Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction				
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			and the state of t		
	cility Standards				

Bureau of Facility Standards

TITLE

(X6) DATE

'ATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



BUREAU OF FACILITY STANDARDS P.O. Box 83720 Boise, ID 83720-0036 (208) 334-6626 fax: (208) 364-1888 JAN 3 0 2008

ASSISTED \_iVING Non-Core Issues Punch List

	A-2611	Ž(IC) A
Facility Name	Physical Address FACILITY STAND	Phone Number
Parkwood Meadows	1885 Parkwood st.	(208) 523-7800
Administrator	City	ZIP Code
Winnie Welker	Idaho FAlls	83401
Survey Team Leader	Survey Type	Survey Date
TATION BANKLEY		1-10-8

Winnie Welker Survey Team Leader	Idaho FAlls	83401	
	Survey Type	Survey Date	
TAYLOR BANKLEY		1-10-8	
NON-CORE ISSUES			
TEM RULE # 16.03.22	DESCRIPTION		BFS USE
1 404.01 The Laundry 100	m door does not self close And la	4tch. 1/17/08	
2 404.01 The two sta	irwells have transfer grills	in the ceiling 1/22/08	
exposing th	e wood floors of the second st	rony.	
		1/10/08	
3, 415.04 The facility	did not have the fire Alar	m Annually	
inspected.		1/10/08	
		•	
		·	
Response Required Date   Signature of Facility Representative	0	Date Signed ,	
, ,	Lella - Exe. Director	2/10/0	K.
V		19/10	U .

BFS-686 March 2006